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DATE: August 23, 2006

TO: Examiner Gary Jackson
TC Art Unit: 3731

Fax No.: (571) 273 8300

FROM: Thomas O. Hoover

No. of pages transmitted
(including this page): 12

Our File: BIH-002AX

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Sent by: Tanya

Application No. 10/647,657
Filed Date: August 25, 2003
Confirmation No.: 2131

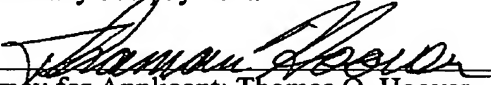
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PLEASE DELIVER DIRECTLY TO:
EXAMINER Gary Jackson, Tel. (571) 272 4697
TC ART UNIT NO: 3731

FOR ENTRY

Enclosed for filing please find an RCE Letter, Amendment Transmittal and an Amendment.

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional filing fees associated with this communication or credit any overpayment.



Attorney for Applicant: Thomas O. Hoover
Registration No. 32,470

326249.1

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Application No.: 10/647,657
 Filed: August 25, 2003
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Rev 5/06

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COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Date: August 23, 2006

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Attorney

Docket No.: BIH-002AX

Sir:

In re application of: Cohn et al.

Entitled: SUTURE SYSTEM

Transmitted herewith is an amendment in the above-identified application. The following checked items are applicable:

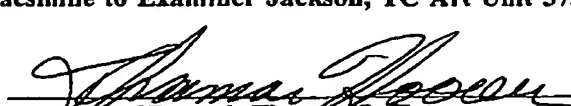
- ☒ This is a Request for Continued Examination under §1.114; authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$395.00) per §1.17(e).
☐ Enter the unentered amendment previously filed on _____ per §1.116.
- ☒ Small Entity Status is asserted.
- ☒ A Petition for Extension of Time for 4 month is hereby made under §1.136(a); authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$795.00) per §1.17.
- ☒ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- ☐ Other:

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	2 - 3	=	x \$200.00 =	0
Total	14 - 20	=	x \$ 50.00 =	0
<input type="checkbox"/> Multiple Dependent Claims (1st presentation)			+ \$360.00 =	
SUBTOTAL ADDITIONAL FEE				0
Small Entity filing, divide by 2. Small Entity status must be asserted.				
TOTAL ADDITIONAL FEE				0

- ☒ No additional fee. ☐ The fee has been calculated above; authorization is provided herewith to charge Deposit Account No. 23-0804 (\$ _____) for the cost of same.
- ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being sent via facsimile to Examiner Jackson, TC Art Unit 3731, Fax No. (571) 273 8300, on August 23, 2006

/trb/340577


 Attorney of Record: Thomas O. Hoover
 Registration No.: 32,470